



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\*****CONFIRMATION NO. 5600**

Bib Data Sheet

|                                    |                                                               |                     |                               |                                |
|------------------------------------|---------------------------------------------------------------|---------------------|-------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/633,741 | <b>FILING OR 371(c)<br/>DATE</b><br>08/04/2003<br><b>RULE</b> | <b>CLASS</b><br>607 | <b>GROUP ART UNIT</b><br>3739 | <b>ATTORNEY<br/>DOCKET NO.</b> |
|------------------------------------|---------------------------------------------------------------|---------------------|-------------------------------|--------------------------------|

**APPLICANTS**

George J. Vlahos, St. John, IN;

**\*\* CONTINUING DATA \*\*\*\*\***This application is a DIV of 10/064,010 06/04/2002 which claims benefit of 60/295,747 06/04/2001, *1/2***\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 06/01/2004**

**\*\* SMALL ENTITY \*\***

|                                                                                                                                        |                                         |                                |                               |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                           | <b>STATE OR<br/>COUNTRY</b><br>IN       | <b>SHEETS<br/>DRAWING</b><br>2 | <b>TOTAL<br/>CLAIMS</b><br>20 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met |                                         |                                |                               |                                    |
| Verified and Acknowledged <i>Allowance</i>                                                                                             | Examiner's Signature <i>[Signature]</i> | Initials                       |                               |                                    |

**ADDRESS**

George J. Vlahos  
 8549 Heather Court  
 St. John, IN46373

**TITLE**

Light therapy equipment

|                                       |                                                                                                                   |                                                                |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>FILING FEE<br/>RECEIVED</b><br>418 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                       |                                                                                                                   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                       |                                                                                                                   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                       |                                                                                                                   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                       |                                                                                                                   | <input type="checkbox"/> Other _____                           |
|                                       |                                                                                                                   | <input type="checkbox"/> Credit                                |